

AMENDMENT
STATEMENT OF ECONOMIC INTERESTS

 Date Received
Official Use Only

COVER PAGE
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Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Tuck	Cynthia	K	(916) 324-3708
MAILING ADDRESS (May use business address)		STATE ZIP CODE	OPTIONAL FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California Environmental Protection Agency

Division, Board, District, if applicable:

Your Position:

Undersecretary

If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See Amended Attachment

Position:

4. Schedule Summary

 Total number of pages including this cover page: 4

Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

 Schedule A-1 ☐ Yes — schedule attached
Investments (Less than 10% Ownership)

 Schedule A-2 ☐ Yes — schedule attached
Investments (10% or greater Ownership)

 Schedule B ☐ Yes — schedule attached
Real Property

 Schedule C ☐ Yes — schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

 Schedule D ☒ Yes — schedule attached
Income — Gifts

 Schedule E ☒ Yes — schedule attached
Income — Travel Payments

-or-

☐ No reportable interests on any schedule

2. Jurisdiction of Office (Check at least one box)
☒ State

☐ County of

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)
☐ Assuming Office/Initial Date: / /

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

☐ The period covered is / /, through December 31, 2006.

☐ Leaving Office Date Left: / /
(Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

-or-

☐ The period covered is / /, through the date of leaving office.

☐ Candidate

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Date Signed March 26, 2008
(month, day, year)

 Signature _____
(File the originally signed statement with your filing officer.)

**Attachment to Cynthia Kay Tuck's for 700 for 2007
Specification of Additional Positions**

1. Office, Agency or Court

- A. Agency: California Climate Action Registry Board of Directors
515 South Flower Street, Suite 1640
Los Angeles, CA 90071

Position: Board Member

NOTE: Ms Tuck is filing a **Leaving Office Statement** for this
Registry Board position separate from this filing.

- B. Agency: California Bay-Delta Authority
650 Capitol Mall, 5th Floor
Sacramento, CA 95814

Position: Delegate for a Board Member

- C. Agency: California Ocean Protection Council
Coastal Conservancy
1330 Broadway # 1300
Oakland, CA 94612

Position: Voting Alternate for a Council Member

- D. Agency: San Joaquin Valley Partnership
California Business, Transportation, and Housing Agency
980 9th Street, Suite 2450
Sacramento, CA 95814

Position: Voting Alternate for a Board Member

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Cynthia K. Tuck
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> NAME OF SOURCE
California Chamber of Commerce

ADDRESS
1215 K Street, Suite 1400, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 5 / 07	\$ 53.63	Food/Beverage *
/ /	\$	
/ /	\$	

> NAME OF SOURCE
Silicon Valley Leadership Group

ADDRESS
224 Airport Parkway, Suite 620, San Jose, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 4 / 07	\$ 75.00	Food/Beverage **
/ /	\$	
/ /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: * International Luncheon Forum hosted by the Chamber for India Ambassador, Douglas Hartwick.

** CEO reception

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name _____	
Cynthia K. Tuck	

- | | |
|---|---|
| <p>NAME OF SOURCE</p> <p>Environmental Defense</p> <p>ADDRESS</p> <p>257 Park Ave., South</p> <p>CITY AND STATE</p> <p>New York, NY</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>(NA - 501 (C)(3))</p> <p>DATE(S): 4 / 20 / 07 - 5 / 01 / 07 AMT: \$ 1,282.11
(If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: Airfare to Meeting.</p> | <p>NAME OF SOURCE</p> <p>U.S. Environmental Protection Agency</p> <p>ADDRESS</p> <p>RR B - 1300 Pennsylvania Ave., NW</p> <p>CITY AND STATE</p> <p>Washington, D.C.</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>(NA - Government Agency)</p> <p>DATE(S): 8 / 11 / 07 - 8 / 14 / 07 AMT: \$ 1,653.35
(If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: Transportation, lodging and subsistence in connection with a speech.</p> |
| <p>NAME OF SOURCE</p> <p>JP Morgan</p> <p>ADDRESS</p> <p>270 Park Ave.</p> <p>CITY AND STATE</p> <p>New York, NY</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>Financial Services Firm</p> <p>DATE(S): 9 / 23 / 07 - 9 / 25 / 07 AMT: \$ 1,883.42
(If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: Airfare and lodging in connection with a speech.</p> | <p>NAME OF SOURCE</p> <p></p> <p>ADDRESS</p> <p></p> <p>CITY AND STATE</p> <p></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p></p> <p>DATE(S): / / - / / AMT: \$
(If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p> |

FPPC Form 700 (2007/2008) Sch. E
FPPC Toll-Free Helpline: 866/ASK-FPPC